U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

,	01 / 01 / 2004 Through: 12 / 31 / 2004						
3. Name and address of person filing.	4. Name, file number, and address of labor organization.						
Name JOHN G THYER	Name TEAMSTERS UNION LOCAL #604						
	Labor Organization File Number 020-901						
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 230						
Street 8757 RUST ROAD	Street 300 SOUTH GRAND BLVD.						
City BUNKER HILL	City ST LOUIS						
State II. ZIP Code + 4 6 2 0 1 4	State MO ZIP Code + 4 63103-244						
5. Position in labor organization.  SECRETARY-TREAS	URER						
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.							
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
She at	7.b. Amount.						
Street							
City							
State ZIP Code ÷ 4							
Siç	gnature						
	of Perjury and other applicable penalties of the law, that all of the information mying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)						
signed John Allyn	on 7/28/05 314/534-2301						
The state of the s	Date Telephone Number						
Form LM-30 (2003)	Page 1 of 2						

Name of Person Filing JOHN G. THYER		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name	generalisating					
Trade Name, if any:	a. Labor Organizatio	on .				
P.O. Box, Bldg., Room No., if any	c. Employer					
Street						
City						
State ZIP Code + 4						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	],				
Name						
Trade Name, if any:						
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Street	11.b. Approximate dollar value	of such dealing.				
City	12.a. Nature of interest held	or income received.				
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	12.b. Amount.					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name KONFR, WAIKINS, MUHNICK & WEIGLEY, IC	CLUB BOX STADIUM TICKETS					
Trade Name, if any:	поможно поможн					
P.O. Box, Bldg., Room No., if any SUITE 200	COMPONENTS VARIA					
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Name of Person Filing JOHN G. THYER		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name	granmonantary					
Trade Name, if any:	a. Labor Organization b. Trust					
P.O. Box, Bldg., Room No., if any	c. Employer					
Street						
City						
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P.O. Box, Bldg., Room No., if any						
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	12.b. Amount.		\$2000000000000000000000000000000000000			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts Å and B above) or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.					
(including trade name, if any).	CHRISIMAS GIF	Γ BASKET	44 6 0 mm			
Name POTASHNICK LAW FIRM			dynamic management of the Advanced Control of the Adva			
Trade Name, if any:			**************************************			
P.O. Box, Bldg., Room No., if any SUTTE 600						
Street 111 WESTPORT PLAZA	модополужения		аданевоннегост			
City ST LOUIS	ronnaedoverses		неголистической подположения			
State MISSOURI ZIP Code + 4 63146		maga hisisa mahamman kabalan k				
13.b. Is the Business an Employer $oxed{X}$ or Consultant $oxed{?}$	14.b. Amount of payment.		30			